

## **SECTION FOUR: PROGRAM PROCEDURES**

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## I. BCCCP Billing Procedures

### Case Management Services

Reimbursement for case management services approved for funding under the Breast and Cervical Cancer Control Program (BCCCP) requires completion of a State of Texas Purchase Voucher (TDH Form B-13) or an Interagency Transaction Voucher (ITV-TDH Form B-17). ITV's are for use by state agencies only. Case management activities are documented through patient charts. There are no required attachments with the case management vouchers; however, you must indicate the voucher is for case management. Vouchers for reimbursement of case management activities should be submitted **monthly**. This voucher should be submitted within 30 days following the end of the month covered by the case management activities performed and mailed to the address identified on the following page.

### Clinical Services

Clinical services reimbursement requires completion of a State of Texas Purchase Voucher (TDH Form B-13) or an Interagency Transaction Voucher (ITV-TDH Form B-17) **and** a Summary Billing (SUM) form. ITV's are for use by state agencies only. Vouchers for reimbursement of the actual number of procedures provided shall be submitted at least **monthly**. The voucher should be submitted within 30 days following the end of the month covered by the bill.

A make-up claim may be submitted as a final closeout bill not later than **90 days** following the end of the contract term.

#### A. Instructions for the Summary Billing (SUM) form

Review each completed program data form (D-19b; D-19c; D-23; D-24) for women provided services in the billing month to identify services that are reimbursable with Centers for Disease Control and Prevention (CDC) funds. Use the SUM (summary billing) form to itemize procedures to be billed to the BCCCP.

Complete the identifying information at the top of each form (two forms are provided, page 1 and supplemental pages). You will need to make additional copies from the forms provided.

\$ Print the unique identifying number of the client in the first column (**CD Number**).

- Print the procedure name and CPT code for the procedure in the second column  
(**CPT Code/ Procedure**); most women will have more than one billable procedure and more than one line will be used;
- \$ Enter the date of the procedure (MM/DD/YY) in the third column (**Date of Procedure**);
- \$ Enter the amount to be billed to CDC in the fourth column (**Billing Amount (CDC)**).
- \$ Enter the subtotal for CDC billable procedures on the row for subtotals at the bottom of the page.
- \$ Enter the “Grand Total” in the space provided (first page only). This is the sum of all subtotals on all pages submitted with voucher.
- \$ Use as many pages as needed, following the same instructions for all pages, making sure to number each page. (See Appendix A)

A B-13 (voucher) form submitted **without** a **SUM** form for clinical services will **not be authorized for payment**.

Review the tables on billable procedures for 2001-2002 in order to properly identify which procedures can be billed. (See Appendix B)

Questions regarding rates or billable procedures should be directed to Vincent Crawley at (800) 452-1955 or refer to the 2001-2002 BCCCP Reimbursement Rates for Texas.

**NOTE:** Procedures funded by a source other than CDC should **not** be reported on the SUM form (although they should still be reported on the appropriate D-23 or D-24 form).

- B. Complete the B-13 (See Appendix C for instructions).
- C. The SUM forms and B-13 voucher should be marked as confidential and mailed to:

Breast and Cervical Cancer Control Program  
Texas Department of Health  
1100 West 49th Street, G-407  
Austin, Texas 78756-3199

Confidential

## II. Program Data Reports

### A. Quarterly Report

The state office prepares the Quarterly Report consisting of program achievement data indicators to assist screening providers in monitoring their progress throughout the year. The reports provide:

- 1) useful information for assessing service delivery accomplishments and billing processes. These quarterly reports reflect services for clients, compliance with numerous federal and state quality requirements, and ultimately contribute towards funding justifications; and
- 2) a narrative opportunity for providers to respond to each data indicator, document plans/activities, and/or request state assistance towards reaching program goals.

Several program goals are established in the federal law or through state or federal requirements. Provider must submit a Quarterly Report at the end of each quarter (see Quarterly Report Schedule) explaining any variance in achievement for each indicator. Failure to submit a quarterly report could result in an interruption of program activities due to the contractual agreement.

#### Quarterly Report Schedule

Quarter	Reporting Period	BCCCP Report Mail Date	Report Due Date
1	Sept 1 - Nov 30	January 1	January 30
2	Sept 1 - Feb 28	April 1	April 30
3	Sept 1 - May 31	July 1	July 31
4	Sept 1 - August 31	October 1	October 31

## B. Monthly Packet

The state office distributes a monthly packet of reports to providers that includes:

- Error reports                      data form errors/cd number errors
- Billing summary                      billing expenditures
- Pending list                      referred cases pending a diagnosis/treatment
- Staging list                      cancer cases pending staging
- Submission table                      data form submission table by month
- Rescreening list                      summary of clients to rescreen

The packet also includes a Data Summary on a quarterly basis that breaks down the number of screenings by demographics, procedures, results, cancers, etc. Each report included in the packet is attached to a cover letter with appropriate staff noted in case of questions regarding action needed.

**APPENDIX A**

**SUMMARY BILLING FORM**







**APPENDIX B**

**BCCCP BILLABLE PROCEDURES**

## BCCCP Billable Procedures, September 1, 2001 - August 31, 2002

		Breast and/or Cervical Screening	Breast Follow-Up				Cervical Follow-Up	
			Diag. Mamm	Ultrasound	Biopsies	Consult	Colposcopy	Colpo/bx
Office visit new client (99201/99202/99203) <sup>1</sup>		✓			✓		✓	✓
Office visit estab. client (99212/99213/99214/99244)		✓	✓	✓	✓	✓	✓	✓
Screening mammogram (76092)		✓						
Pap smear (88141/88164/88142)		✓						
Breast Diagnostic Services	Diag. Mamm (76090/76091)		✓					
	Ultrasound (76645)			✓				
	FNA (88170/19000)							
	Biopsy (19100/19101/19120)				✓			
	Sterotactic localization (76095)				✓			
	Pathology (88305)				✓			
	Anesthesia (000400)				✓			
	Facility fee (19100-F/19120-F)				✓			
Cervical Diagnostic Services	Colposcopy (57452)						✓	
	Colposcopy with bx (57454)							✓

✓ = may bill for the procedure

1 - Billing for a new client office visit can be made only when a client is new to the program. If the woman is returned for her annual exam or is beginning a new screening cycle, then you must charge for an established client office visit.

**APPENDIX C**

**INSTRUCTIONS FOR THE STATE OF TEXAS PURCHASE VOUCHER**

**SUBMIT *ONE* VOUCHER FOR EACH MONTH; DO NOT SPLIT MONTHS, DO NOT INCLUDE MORE**

## **THAN ONE MONTH ON A VOUCHER**

9.-- **Payee identification number:** The 14 digit code number assigned by the State Comptroller's Office. THIS INFORMATION IS PROVIDED IN YOUR CONTRACT.

14.-- **Payee name/address:** Name, Address, City State and Zip of the Performing Agency. This information must be the same as stated in your contract or issuance of the payment may be delayed.

19.-- **SER/DEL DATE:** The month for which you are billing. When submitting a supplemental voucher, write "**supplemental**" under the month/year being billed.

20.-- **DESCRIPTION OF GOODS OR SERVICES:** Services must be separated by activity code (A/C). Each code represents a different funding source. Refer to the table "1998-1999 BCCCP Reimbursement Rates for Texas". Activity code 274 is for the CDC funding source.

**THE FOLLOWING INFORMATION MUST BE STATED ON EVERY VOUCHER IN SECTION 20. Only the sections below must be filled in. All other sections should be left blank.:**

- a. "Reimbursement for services as specified in the contract between TDH and Performing Agency (Name)."
- b. Contract term: from MM/DD/YR thru MM/DD/YR.
- c. Contract Number: C#####-XX.
- d. Program: Breast and Cervical Cancer Control Program
- e. Type of Entity: See attached list and select the entity which best describes the Authorized Contracting Authority (office which is responsible for executing the contract, accounting control and record keeping system).

21.-- **Quantity:** Leave this blank.

## **BILL ONLY FOR SERVICES AUTHORIZED IN YOUR CONTRACT.**

22.-- **UNIT PRICE:** Leave this blank.

23.-- **AMOUNT:** Enter the total for the Activity Code. This amount should be the same as the total on the SUM form.

24.-- **CONTACT NAME & PHONE:** This should be the person who can answer specific questions about the voucher.

**ONLY THE ABOVE SECTIONS MUST BE FILLED IN. ALL OTHER SECTIONS SHOULD BE LEFT BLANK.**

If you have any questions regarding billable procedures or rates for your agency, contact *Vincent Crawley, BCCCP*, at (512) 458-7644 or 1 (800) 452-1955. Questions regarding the voucher should be directed to the Grants Management Division, (512) 458-7470.

Payments made for approved claims or notice of denial of claim submitted against a contract shall be mailed no later than **30 days** after receipt of the monthly voucher. Payment is considered made on the date postmarked.

Payment may be denied or delayed for noncompliance if required financial reports are not on file for previous quarters or for the final period, or if the program requirements are not met as specified in the Contract Scope of Work.

**Type of Entities:** Select the entity below which best describes the Authorized Contracting Entity (Office which is responsible for executing the contract, accounting control and record keeping system).

Elementary and Secondary Schools  
Junior Colleges  
Senior College & Universities  
Cities  
Counties  
Other Political Subdivisions  
Council of Governments  
Judicial Districts  
Community Services Programs  
State Agency - State Treasury (ITV)  
State Agency - Local Deposit  
Other, e.g., Non-Profit Agency, etc.